

ADA COUNTY
ALCOHOL BEVERAGE LICENSE RENEWAL APPLICATION

**PLEASE SUBMIT WITH THIS COMPLETED APPLICATION A COPY OF THE 2014-2015
STATE ALCOHOL LICENSE AND THE APPROPRIATE FEES**

I/WE HEREBY APPLY FOR RENEWAL OF THE FOLLOWING:

BEER - Select *one (1)* box and pay that fee:

- \$25.00 ☐ Bottled or canned, consumed **OFF** premises.
\$75.00 ☐ Bottled or canned, consumed **ON** premises.
\$100.00 ☐ DRAFT, bottled or canned, **ON** or **OFF** premises consumption.

BEER TOTAL _____

LIQUOR by the drink - This fee covers wine. Select *one (1)* box and pay that fee (Do NOT pay wine fee if you have liquor):

- | | |
|---|--|
| \$187.50 <input type="checkbox"/> Boise City | \$125.00 <input type="checkbox"/> Kuna |
| \$187.50 <input type="checkbox"/> Eagle | \$125.00 <input type="checkbox"/> Star |
| \$187.50 <input type="checkbox"/> Garden City | \$100.00 <input type="checkbox"/> Eligible Golf Course |
| \$187.50 <input type="checkbox"/> Meridian | \$100.00 <input type="checkbox"/> Racing Facility |

LIQUOR TOTAL _____

WINE - Do NOT select if Liquor by the drink is checked, otherwise, select *one (1)* box and pay that fee:

- \$100.00 ☐ **WINE** Retail: (This is for OFF premises consumption only)
\$100.00 ☐ **WINE** by the drink: (This covers Retail & By the Drink)

WINE TOTAL _____

TOTAL COST _____

The following information should match that found on the State of Idaho Alcohol Beverage License:

ISSUED TO (Certified Name): _____
*(Individual, Partnership, LLC, Corporation, etc.)**

DOING BUSINESS AS: _____ PHONE: _____

PREMISES ADDRESS: _____
*(Street)**(City)**(Zip)*

BUSINESS MAILING ADDRESS: _____

*** IF APPLICANT IS A PARTNERSHIP, LLC OR CORPORATION, ETC PLEASE FILL OUT THE FOLLOWING:**

<i>(Officer's Title)</i>	<i>(Officer's Names)</i>	<i>(Officer's Address)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTACT INFORMATION:

Owner Contact Name: _____	Phone Number: _____
Email Address: _____	Fax Number: _____
DBA Contact Name: _____	Phone Number: _____
Email Address: _____	Fax Number: _____

I/WE HEREBY CERTIFY THAT THERE HAVE BEEN NO CHANGES IN THE ABOVE-NAMED BUSINESS, LOCATION, OWNERSHIP, DIRECTORS, STOCKHOLDERS, OR PARTNERS DURING THE PAST LICENSED YEAR.

(Signature of Applicant)

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20 _____

SEAL

Commission Expiration: _____ *(Notary Public or County Recorder Deputy)*

BOARD OF COMMISSIONERS:

Approved: _____ <i>(Chairman)</i>	Date: _____
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Make checks payable to Ada County Recorder

Mail to: Ada County Recorder's Office, Attn: License Renewals
200 W. Front St., Room 1208, Boise ID 83702
208-287-6840